

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	BTG0011-100R/500000US03
	First Named Inventor	Deborah W. Cohen
	Original Patent Number	6,291,009
	Original Patent Issue Date (Month/Day/Year)	09/18/2001
	Express Mail Label No.	EV 146602720 US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. 1.175)(PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment	
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. <input type="checkbox"/> Other:	
<input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96)		
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		
9. Nucleotide and/or Amino Sequence Submission (if applicable, all of the following are necessary)		
a. <input type="checkbox"/> Computer Readable Form (CFR)		
b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number: 34141	<input type="checkbox"/> Correspondence address below		
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Country	Telephone	Fax	

NAME (Print/Type)	Paul K. Legarda	Registration No. (Attorney/Agent)	38,534
Signature	<i>Paul K. Legarda</i>	Date	17 September 2003

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10/667245
09/17/03

REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
BTG0011-100R/500000US03**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 10	Total Claims (37 CFR 1.16(j))	(B) 10	**** 0 =	X\$ ____ =		or	X\$ ____ =	0
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 1	* 0 =	X\$ ____ =			X\$ ____ =	0
				Basic Fee (37 CFR 1.16(h))	\$			\$ 750.00
				Total Filing Fee	\$			\$ 750.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	*** 10	MINUS	** 20	*=0	X\$ ____ =		or	X\$ ____ =	0
Independent Claims (37 CFR 1.16(i))	*** 1	MINUS	**** 3	=0	X\$ ____ =			X\$ ____ =	0
					Total Additional Fee	\$			OR \$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 27 CFR 1.27.

Please charge Deposit Account No. 50-1275 in the amount of 750.00.
A duplicate copy of this sheet is enclosed.

The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1275.
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A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form.
Provide credit card information and authorization on form PTO-2038.**

17 September 2003

Date

Signature of Applicant, Attorney or Agent of Record

38,534

Paul K. Legaard

Registration Number, if applicable

Typed or printed name

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